SERFF Tracking Number:	*AEGB-128024358*	*State:*	*Arkansas*
Filing Company:	*Monumental Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*AD1100GEM (REV. 12-11) EOV*		
TOI:	*H03G Group Health - Accidental Death & Dismemberment*	*Sub-TOI:*	*H03G.000 Health - Accidental Death & Dismemberment*
Product Name:	*AD1000GEM (Rev. 12-11) EOV*		
Project Name/Number:	*AD1100GEM (Rev. 12-11) Variables/H052*		

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: AD1000GEM (Rev. 12-11) EOV SERFF Tr Num: AEGB-128024358 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Accepted For Informational Purposes State Tr Num:

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: AD1100GEM (REV. 12-11) EOV State Status: Closed

Filing Type: Form Reviewer(s): Donna Lambert

Author: Mary DiMarcantonio Disposition Date: 01/30/2012

Date Submitted: 01/27/2012 Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval Implementation Date: 01/30/2012

State Filing Description:

General Information

Project Name: AD1100GEM (Rev. 12-11) Variables Status of Filing in Domicile: Not Filed

Project Number: H052 Date Approved in Domicile:

Requested Filing Mode: Informational Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Association, Discretionary, Trust Overall Rate Impact:

Filing Status Changed: 01/30/2012

State Status Changed: 01/30/2012 Deemer Date:

Created By: Mary DiMarcantonio Submitted By: Mary DiMarcantonio

Corresponding Filing Tracking Number: 3Y001008

Filing Description:

RE: Monumental Life Insurance Company

NAIC #: 468-66281

FEIN #: 52-0419790

Explanation of Variability Document - AD1100GEM (Rev. 12-11) EOV

The above referenced Explanation of Variability document, AD1100GEM (Rev. 12-11) EOV, is being submitted under

SERFF Tracking Number:	AEGB-128024358	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AD1100GEM (REV. 12-11) EOV		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	AD1000GEM (Rev. 12-11) EOV		
Project Name/Number:	AD1100GEM (Rev. 12-11) Variables/H052		

the Supporting Documentation tab for your review and approval. This document will replace AD1100GEM (Rev. 10-09) EOV which was approved by your department on 10/2/09 under SERFF filing number AEGX-126328783.

This revised Explanation of Variability document will be used with Enrollment Form AD1100GEM (Rev. 07-07) which was approved by your department on August 2, 2007. The Enrollment Form was not changed.

The Explanation of Variability document was revised to include the highlighted wording. In some areas the highlighted wording may appear in place of the existing wording which is highlighted in yellow. One or the other will appear but not both.

The wording in #9 is being added so that should an applicant who is receiving Medicare benefits enroll for the Accidental Death coverage with the Hospital Accident rider then we would know to send the Medicare Buyers Guide.

We look forward to receiving your notice of approval. Should you need any additional information, please contact me.

Thank you for your review of this filing.

Sincerely,
Mary J. Dimarcantonio
1-800-233-4624 Ext. 5263
410-209-5263
Mary.DiMarcantonio@Transamerica.com

Company and Contact

Filing Contact Information
Mary DiMarcantonio,   Mary.DiMarcantonio@Transamerica.com
100 Light Street, Floor B1   410-209-5510 [Phone]
Baltimore, MD 21202-2559
Filing Company Information
Monumental Life Insurance Company   CoCode: 66281   State of Domicile: Iowa
4333 Edgewood Road NE   Group Code: 468   Company Type:
Cedar Rapids, IA 52499   Group Name: State ID Number:
(319) 355-7888 ext. [Phone]   FEIN Number: 52-0419790

SERFF Tracking Number:	AEGB-128024358	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AD1100GEM (REV. 12-11) EOV		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	AD1000GEM (Rev. 12-11) EOV		
Project Name/Number:	AD1100GEM (Rev. 12-11) Variables/H052		

Filing Fees

Fee Required?   No
Retaliatory?   No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	$0.00	01/27/2012	

SERFF Tracking Number:	AEGB-128024358	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AD1100GEM (REV. 12-11) EOV		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	AD1000GEM (Rev. 12-11) EOV		
Project Name/Number:	AD1100GEM (Rev. 12-11) Variables/H052		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Donna Lambert	01/30/2012	01/30/2012

SERFF Tracking Number:	*AEGB-128024358*	*State:*	*Arkansas*
Filing Company:	*Monumental Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*AD1100GEM (REV. 12-11) EOV*		
TOI:	*H03G Group Health - Accidental Death & Dismemberment*	*Sub-TOI:*	*H03G.000 Health - Accidental Death & Dismemberment*
Product Name:	*AD1000GEM (Rev. 12-11) EOV*		
Project Name/Number:	*AD1100GEM (Rev. 12-11) Variables/H052*		

Disposition

Disposition Date: 01/30/2012

Implementation Date: 01/30/2012

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AEGB-128024358	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AD1100GEM (REV. 12-11) EOV		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	AD1000GEM (Rev. 12-11) EOV		
Project Name/Number:	AD1100GEM (Rev. 12-11) Variables/H052		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Explanation of Variability	Accepted for Informational Purposes	Yes
Form	Explanation of Variables	Accepted for Informational Purposes	Yes

SERFF Tracking Number:	AEGB-128024358	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AD1100GEM (REV. 12-11) EOV		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	AD1000GEM (Rev. 12-11) EOV		
Project Name/Number:	AD1100GEM (Rev. 12-11) Variables/H052		

Form Schedule

Lead Form Number: AD1100GEM (Rev. 12-11) EOV

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Accepted for Informational Purposes 01/30/2012	AD1100GEM (Rev. 12-11) EOV	Other	Explanation of Variables	Revised	Replaced Form #: AD1100GEM (Rev. 10-09) EOV Previous Filing #: AEGX-126328783		AD1100GEM (Rev. 12-11) EOV.pdf

Enrollment Form AD1100GEM (Rev. 10-09)
Explanation of Variables

1	We use various marketing names for our AD product based upon optional riders included with the base plan and/or non-insurance benefits being included with the plan. An Association or Credit Union logo may be placed at the top of the enrollment form. Below are the options we may use as marketing names [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] [Activation] [Acceptance] [Authorization] [Enrollment] [Form] [and]
2	Any or all of the following phases may appear in this section. [Important] [Please] [Respond] [Return] [this] [form] [Reply] [Mail] By: [Month XX, XXXX] [Exclusively for you] [Prepared for:] [Eligible [ABC Bank] [checking account] [cardholder] [mortgage] [auto] [loan] [accountholder] [customer] [member]:] [Note to Plan Administrator: The monthly cost for the first [30] [60] [90] days of coverage will be paid for by [ABC Bank].] [Note: the monthly cost for the first [30] [60] [90] days of coverage will be paid for by [ABC Bank]] [No Cost To You] [Coverage] [provided by] [made available by] [paid at ABC Bank's expense] [expense of] [ABC Bank] [Note] [Benefits] [Pending] [Your] [Signature] [Required] [to] [activate]
3	Check here or below will be used based upon the placement of the activation check box. The marketing name will be indicated for the plan being marketed. The final sentence will be included only when we are offering no-cost (paid by the group) with the plan. [Please] [enroll] [me] [Add] [to] Check [here] [below] [to activate] [to select] [your] [my] [current] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] coverage: [(check one)] [To activate your no-cost-to-you coverage,] [check] [here] [below]: [Coverage Selection]
4	This section will only be included when offering no-cost coverage to the group members. The term ABC Bank will be changed to indicate the group name when included – it could be a financial institution, association, credit union or credit card

AD1100GEM (Rev. 12-11) EOV

	company. [Yes I'd like] [☐Activate] [Up to] [As much as] [$1,000] of [complimentary] [no-cost-to-you] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [plan] [coverage] [program] [Plus] [plan] [for 30 days] [paid for] [provided by] [compliments of] [ABC Bank] [at no cost to] [you] [me]. [Please] [send me a] [activate my] [complimentary] [$1,000] [provided by] [paid for by] [compliments] [courtesy] [of] [ABC BANK] [at] [no cost] [no charge] [to] [you] [me**] [for one full year] [for two full years]** [If you have a joint account, circle the name of the person shown above to be insured. Limit: one no cost-to-you $1,000 Certificate per joint account] **[Limit: one no-cost-to-you Individual Coverage Certificate per joint account issued to the Primary Insured Person**
5	This section will be tailored to the plan being offered to allow the individual to choose his or her coverage amount [Note:] [Benefits begin decreasing at age [70].] **[Coverage amounts decrease to 50% at age [70] and to 25% at age [75]]** [Please check one box only.] [1.] [Please] [Select] [Choose] [your] [coverage amount] [Family] [or] [Single] [Individual] [Customer Only] [Customer and Spouse] [Single Parent] [Please add all eligible children] [Check [here] [below] [to] [activate] [receive] [select] [your] [coverage] [plan] [level] [that's right for you] [desired] [up to] [as much as] [$1,000,000] [of] [additional] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [motor vehicle] [common carrier] [flight] [$X] [Million] [Travel] [Total] [Disability] [Accident] [al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [plan] [coverage] [program] [plus] [other] [additional] [below] [(check one)] [Insured Information] and [Dependent Information] – If Family Plan Selected] [Insured[Only]] and [Family Plan] [ACCIDENT[AL] INSURANCE BENEFIT DESIRED: $_____.00 [$25,000] to [$250,000] (in [$25,000] increments)] This note will be included when no-cost coverage is provided by the group. The specific period of time the no-cost coverage is offered will be indicated. [Note: After[30 days] [first month] [two months] [90 days] [3 months] coverage continues at rate shown] **.[A [$0.50] administrative fee will be added for each monthly automatic account billing.]**
6	The first or second phrase will be included when offering Family coverage on the plan. The last sentence may be when offering child (dependent) coverage under the plan.

AD1100GEM (Rev. 12-11) EOV

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	[2.] [Check] [here] [below] to select Family Plan [(available only with additional coverage)] [For Family Plan, check [here] [below]: [(available only with additional coverage)] [Please add my children to the plan that I have selected for an additional [$4.00] per month. Covers all eligible children.] [Please add all eligible children] [If selecting Family Plan, include my ☐spouse ☐children]	
7	This section will only be included if section 6 is excluded. It will serve the same purpose to select either single, family or child (dependent) coverage based upon what is being offered to the group. The premium mode will be indicated if the premium section is set alone. Primary coverage [Single] [Individual] [Coverage] [Individual] [Customer Only] [Customer and Spouse] [Single Parent] [Please add all eligible children] [(Covers you only)]: [$13.95] [a month] [Joint] [Spouse] [Coverage] [(Covers you and your spouse)]: [$13.95] [a month] Family [Plan] [Coverage] [(Covers you, your spouse and all eligible children)]: [$13.95] [a month] [Please add my children to the plan that I have selected for an additional [$4.00] per month. Covers all eligible children.] [Monthly premium:] [$X.XX] [Single Coverage] [Family Coverage]	
8	Below will be included or excluded based upon the preference of the group policyholder. [Complete] [and] [Sign] [and] [date] [Below] [Please read and sign below]	
9	Home Phone number may or may not be requested. Other wording as indicated. [Customer] [Insured] [Information] [Spouse] [Family] [Information] [Please complete:] [Gender] ☐ M[ale] ☐ F[emale] [Insured's] [Your] Birth Date _____ [MM/DD/YYYY] [Home Phone: _____] [required] [Beneficiary] [If you do not name a beneficiary, the beneficiary is named as per the Certificate of Insurance] [By signing below, I certify that I am not currently eligible to receive Medicare benefits.]	
10	An automatic Deduction option from a check or savings account may be offered for the premium payment to the group. Or, payroll deduction may be offered to the group for premium payment. NOTE; It may be necessary to request a payment method. [Choose Payment Option] [You would like] [Below] [Required] [to] [activate] [your] [additional] [coverage] [insurance] [benefits] [Option 1:] [Please charge my] [Visa] [Mastercard] [Discover] [American Express] [credit] [card] [Fill in your card] [Account] [Number] [#] [Expiration Date]	

AD1100GEM (Rev. 12-11) EOV

	[Option 2:] [I authorize the Plan Administrator to deduct the monthly charge from my checking account.] [Please include a voided check] [Please write "VOID" on one of your blank checks] [and mail] [include] [with your completed] [Activation] [Authorization] [Enrollment Form] [This authorization will remain in effect until cancelled by me] [Required] [for processing and activation of your] [to activate] [your insurance] [coverage] [benefits].
11	Again the marketing name will be indicated on the enrollment form based upon the riders used for the plan. Also the ABC Bank will be the actual group policyholder name if used. **GENERIC APPLICATION:** I hereby [enroll in] [apply for] in the [[Group] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] Accidental Death Insurance [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident] [al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] … I authorize [ABC BANK] to provide the [Insurance Company] [Plan Administrator]… The last sentence of the authorization may be bold or not bold depending on the policyholder preference. [SIGN, DATE AND MAIL] I [(and, if indicated below, my [co-insured])] hereby [enroll] [in] [apply] [for] [the] [Additional] [Group] [Bonus] [Survivor][Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] underwritten by Monumental Life Insurance Company [of Baltimore, MD]. [By signing below, I authorize [ABC BANK] to provide the Insurance Company with my [ABC BANK] [checking] account number and any other information required to activate my coverage.] [[If selecting additional insurance coverage,] I authorize my premium to be [processed] [billed] [monthly] and [electronically] remitted to the Insurance Company from my [ABC BANK][ABC Credit Union][credit card][checking][savings][share][share draft] account.] [my premium to be paid in the same method as my current coverage] [which may include electronic debit from my] [checking] [account] [my premium to be paid per the method of payment I've selected] [through the payment method selected] [above] [below] [[If selecting additional insurance coverage,] I authorize my lending institution to collect the premium with my monthly mortgage payment [after my first [2 months] of no-cost coverage].]] [If I have selected additional insurance coverage above, I hereby consent to the release of my [ABC Bank] checking account number to third parties for the purpose of billing and processing in connection with my request for additional Accident Death Coverage.] [I understand that if I do not select a coverage amount, that I will be automatically enrolled [in] [for] [$X] of [Individual] [Single] [Family] [Coverage] [This authority is to remain in effect until I cancel it by [written] notification to the [Insurance] Company at least 30 days in advance of the intended termination date of my coverage. Coverage begins on the Effective Date stated on the Certificate of Insurance [provided the first premium is paid]. [Note: Coverage

AD1100GEM (Rev. 12-11) EOV

	amounts begin to decrease at age [70].] [I understand that the] [Monthly cost includes the premium for insurance and [the] non-insurance benefits] [A [$0.50] administrative fee will be added for each **monthly,** automatic account billing.] [I understand I am providing the information on this form directly to the plan administrator, which is [not affiliated] [a non affiliate of] with Bank of America, to activate my coverage.] **I acknowledge that I have received, read and understand the insurance disclosure[s] [on the reverse side of this form] [below].** [I acknowledge that I have received, read and understand the following Consumer Protection Disclosure]. [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit of other obligation of the bank or its affiliates; and is not issued, guaranteed, or underwritten by the bank, its affiliates or the FDIC.] [By accepting this offer, you are granting permission to Wells Fargo to share your information [with Monumetal Life Insurance Company] -only as needed to process your enrollment and bill you.]
12	Signature of [the] [Insured] [Accountholder] [Member] [Customer] [Cardholder] [Mortgagor [Co-Mortgagor]]
13	This section will be customized for marketing to indicate to the enrollee the exact steps needed to activate the coverage. It may or may not be included in all marketing efforts. How to Activate Coverage – all should be variable and totally flexible
14	[Please] [do] [not] [send] money.] [Complete] [the other side of this form], [sign and mail] [this form] in the [postage-paid] envelope provided. [Mail to the] [Plan Administrator] [in the[postage paid] [free] [enclosed] [envelope] [provided] [included]
15	Some sections may be bold for specific accounts. Ratings will be updated when changed. The Acceptance Guaranteed section and/or the Satisfaction Guaranteed section may or may not be included. [Automatic] [Acceptance] [is] [Guaranteed] – [100%] [Satisfaction] [Guaranteed] – Underwriter: Monumental Life Insurance Company [is currently rated ["A+" (Superior)] for financial strength and operating performance by the A.M. Best Company] [and] [["AA+" (Very Strong)] for claims paying ability by Standard & Poor's Insurance Rating Services.] [The A.M. Best rating is the [second highest] out of [13] given] [and] [the Standard and Poor's rating is [second highest] out of [17] given.] [Both] rating[s] [were][was] given in [2000].
16	FDIC language will be one of the following based upon policyholder requirements. Certain state insurance departments require Monumental Life Insurance Company to advise you of the following statements: [This insurance product is not a deposit; not FDIC insured; not insured by any federal government agency; and is not guaranteed by the financial institution/affiliate.] [The insurance product is: not FDIC or other government agency insured; not a deposit in, obligation of, guaranteed or underwritten by any bank or bank affiliate; not a condition of any banking service.] [Insurance products are not insured by the FDIC or any other federal government agency, the bank or any other affiliate of the bank; and are not a deposit or other obligation of, or guaranteed by, the bank or any affiliate of the bank.]

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AD1100GEM (Rev. 12-11) EOV

	FDIC for all states expect GA: [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit or other obligation of the bank or its affiliates; and is not issued, guaranteed, or underwritten by the bank, its affiliates or the FDIC.] FDIC statement for GA: [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit or other obligation of the bank or its affiliates; is not guaranteed or underwritten by the bank or its affiliates; and is not a condition to the provision or term of any banking service or activity.]
17	[Mail to the] [Plan Administrator] [in the [postage paid] [free] [enclosed] [envelope] [provided] [included] [Plan Administrator] [P.O. Box] [16] [17] [Minneapolis, MN XXXXX]
18	Authorization language will follow the benefit specifications of the plan(s) available to eligible applicants pursuant to the plans selected by the group policyholder.
19	This section will be included to allow the customer to tailor the plan based on their individual preferences. The customer can choose from a bundle of optional riders that will be made available under each lifestyle stage. [Select one of the additional benefits below:] [Just Starting Out] [I have a Family] [I want to live Care-Free] [Option 1] [Option 2] [Option 3] [Plan A] [Plan B] [Plan C]

SERFF Tracking Number:	AEGB-128024358	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AD1100GEM (REV. 12-11) EOV		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	AD1000GEM (Rev. 12-11) EOV		
Project Name/Number:	AD1100GEM (Rev. 12-11) Variables/H052		

Supporting Document Schedules

		Item Status:	**Status Date:**
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	01/30/2012
Bypass Reason: Comments:	Not applicable.		

		Item Status:	**Status Date:**
Bypassed - Item:	Application	Accepted for Informational Purposes	01/30/2012
Bypass Reason: Comments:	Not applicable.		

		Item Status:	**Status Date:**
Satisfied - Item:	Explanation of Variability	Accepted for Informational Purposes	01/30/2012

Comments:
Attachment:
AD1100GEM (Rev. 12-11) EOV.pdf

Enrollment Form AD1100GEM (Rev. 07-07)
Explanation of Variables

1	We use various marketing names for our AD product based upon optional riders included with the base plan and/or non-insurance benefits being included with the plan. An Association or Credit Union logo may be placed at the top of the enrollment form. Below are the options we may use as marketing names [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] [Activation] [Acceptance] [Authorization] [Enrollment] [Form] [and]
2	Any or all of the following phases may appear in this section. [Important] [Please] [Respond] [Return] [this] [form] [Reply] [Mail] By: [Month XX, XXXX] [Exclusively for you] [Prepared for:] [Eligible [ABC Bank] [checking account] [cardholder] [mortgage] [auto] [loan] [accountholder] [customer] [member]:] [Note to Plan Administrator: The monthly cost for the first [30] [60] [90] days of coverage will be paid for by [ABC Bank].] [Note: the monthly cost for the first [30] [60] [90] days of coverage will be paid for by [ABC Bank]] [No Cost To You] [Coverage] [provided by] [made available by] [paid at ABC Bank's expense] [expense of] [ABC Bank] [Note] [Benefits] [Pending] [Your] [Signature] [Required] [to] [activate]
3	Check here or below will be used based upon the placement of the activation check box. The marketing name will be indicated for the plan being marketed. The final sentence will be included only when we are offering no-cost (paid by the group) with the plan. [Please] [enroll] [me] [Add] [to] Check [here] [below] [to activate] [to select] [your] [my] [current] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] coverage: [(check one)] [To activate your no-cost-to-you coverage,] [check] [here] [below]: [Coverage Selection]
4	This section will only be included when offering no-cost coverage to the group members. The term ABC Bank will be changed to indicate the group name when included – it could be a financial institution, association, credit union or credit card

company.

[Yes I'd like] [☐Activate] [Up to] [As much as] [$1,000] of [complimentary] [no-cost-to-you] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [plan] [coverage] [program] [Plus] [plan] [for 30 days] [paid for] [provided by] [compliments of] [ABC Bank] [at no cost to] [you] [me].

[Please] [send me a] [activate my] [complimentary] [$1,000] [provided by] [paid for by] [compliments] [courtesy] [of] [ABC BANK] [at] [no cost] [no charge] [to] [you] [me**] [for one full year] [for two full years]**

[If you have a joint account, circle the name of the person shown above to be insured. <mark>Limit: one no cost-to-you $1,000 Certificate per joint account]</mark>
[Limit: one no-cost-to-you Individual Coverage Certificate per joint account issued to the Primary Insured Person

5	This section will be tailored to the plan being offered to allow the individual to choose his or her coverage amount <mark>[Note:] [Benefits begin decreasing at age [70].]</mark> **[Coverage amounts decrease to 50% at age [70] and to 25% at age [75]]** [Please check one box only.] [1.] [Please] [Select] [Choose] [your] [coverage amount] [Family] [or] [Single] [Individual] [Customer Only] [Customer and Spouse] [Single Parent] [Please add all eligible children] [Check [here] [below] [to] [activate] [receive] [select] [your] [coverage] [plan] [level] [that's right for you] [desired] [up to] [as much as] [$1,000,000] [of] [additional] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [motor vehicle] [common carrier] [flight] [$X] [Million] [Travel] [Total] [Disability] [Accident] [al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [plan] [coverage] [program] [plus] [other] [additional] [below] [(check one)] [Insured Information] and [Dependent Information] – If Family Plan Selected] [Insured[Only]] and [Family Plan] [ACCIDENT[AL] INSURANCE BENEFIT DESIRED: $_____.00 [$25,000] to [$250,000] (in [$25,000] increments)] This note will be included when no-cost coverage is provided by the group. The specific period of time the no-cost coverage is offered will be indicated. [Note: After[30 days] [first month] [two months] [90 days] [3 months] coverage continues at rate shown] **[A [$0.50] administrative fee will be added for each monthly automatic account billing.]**
6	The first or second phrase will be included when offering Family coverage on the plan. The last sentence may be when offering child (dependent) coverage under the plan.

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	[2.] [Check] [here] [below] to select Family Plan [(available only with additional coverage)] [For Family Plan, check [here] [below]: [(available only with additional coverage)] [Please add my children to the plan that I have selected for an additional [$4.00] per month. Covers all eligible children.] [Please add all eligible children] [If selecting Family Plan, include my ☐spouse ☐children]
7	This section will only be included if section 6 is excluded. It will serve the same purpose to select either single, family or child (dependent) coverage based upon what is being offered to the group. The premium mode will be indicated if the premium section is set alone. Primary coverage [Single] [Individual] [Coverage] [Individual] [Customer Only] [Customer and Spouse] [Single Parent] [Please add all eligible children] [(Covers you only)]: [$13.95] [a month] [Joint] [Spouse] [Coverage] [(Covers you and your spouse)]: [$13.95] [a month] Family [Plan] [Coverage] [(Covers you, your spouse and all eligible children)]: [$13.95] [a month] [Please add my children to the plan that I have selected for an additional [$4.00] per month. Covers all eligible children.] [Monthly premium:] [$X.XX] [Single Coverage] [Family Coverage]
8	Below will be included or excluded based upon the preference of the group policyholder. [Complete] [and] [Sign] [and] [date] [Below] [Please read and sign below]
9	Home Phone number may or may not be requested. Other wording as indicated. [Customer] [Insured] [Information] [Spouse] [Family] [Information] [Please complete:] [Gender] ☐ M[ale] ☐ F[emale] [Insured's] [Your] Birth Date _____ [MM/DD/YYYY] [Home Phone: _____] [required] [Beneficiary] [If you do not name a beneficiary, the beneficiary is named as per the Certificate of Insurance] [By signing below, I certify that I am not currently eligible to receive Medicare benefits.]
10	An automatic Deduction option from a check or savings account may be offered for the premium payment to the group. Or, payroll deduction may be offered to the group for premium payment. NOTE; It may be necessary to request a payment method. [Choose Payment Option] [You would like] [Below] [Required] [to] [activate] [your] [additional] [coverage] [insurance] [benefits] [Option 1:] [Please charge my] [Visa] [Mastercard] [Discover] [American Express] [credit] [card] [Fill in your card] [Account] [Number] [#] [Expiration Date]

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	[Option 2:] [I authorize the Plan Administrator to deduct the monthly charge from my checking account.] [Please include a voided check] [Please write "VOID" on one of your blank checks] [and mail] [include] [with your completed] [Activation] [Authorization] [Enrollment Form] [This authorization will remain in effect until cancelled by me] [Required] [for processing and activation of your] [to activate] [your insurance] [coverage] [benefits].
11	Again the marketing name will be indicated on the enrollment form based upon the riders used for the plan. Also the ABC Bank will be the actual group policyholder name if used. **GENERIC APPLICATION:** I hereby [enroll in] [apply for] in the [[Group] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] Accidental Death Insurance [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident] [al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] … I authorize [ABC BANK] to provide the [Insurance Company] [Plan Administrator]… The last sentence of the authorization may be bold or not bold depending on the policyholder preference. [SIGN, DATE AND MAIL] I [(and, if indicated below, my [co-insured])] hereby [enroll] [in] [apply] [for] [the] [Additional] [Group] [Bonus] [Survivor][Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] underwritten by Monumental Life Insurance Company [of Baltimore, MD]. [By signing below, I authorize [ABC BANK] to provide the Insurance Company with my [ABC BANK] [checking] account number and any other information required to activate my coverage.] [[If selecting additional insurance coverage,] I authorize my premium to be [processed] [billed] [monthly] and [electronically] remitted to the Insurance Company from my [ABC BANK][ABC Credit Union][credit card][checking][savings][share][share draft] account.] [my premium to be paid in the same method as my current coverage] [which may include electronic debit from my] [checking] [account] [my premium to be paid per the method of payment I've selected] [through the payment method selected] [above] [below] [[If selecting additional insurance coverage,] I authorize my lending institution to collect the premium with my monthly mortgage payment [after my first [2 months] of no-cost coverage].]] [If I have selected additional insurance coverage above, I hereby consent to the release of my [ABC Bank] checking account number to third parties for the purpose of billing and processing in connection with my request for additional Accident Death Coverage.] [I understand that if I do not select a coverage amount, that I will be automatically enrolled [in] [for] [$X] of [Individual] [Single] [Family] [Coverage] [This authority is to remain in effect until I cancel it by [written] notification to the [Insurance] Company at least 30 days in advance of the intended termination date of my coverage. Coverage begins on the Effective Date stated on the Certificate of Insurance [provided the first premium is paid]. [Note: Coverage

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	amounts begin to decrease at age [70].] [I understand that the] [Monthly cost includes the premium for insurance and [the] non-insurance benefits] [A [$0.50] administrative fee will be added for each **monthly,** automatic account billing.] [I understand I am providing the information on this form directly to the plan administrator, which is [not affiliated] [a non affiliate of] with Bank of America, to activate my coverage.] **I acknowledge that I have received, read and understand the insurance disclosure[s] [on the reverse side of this form] [below].** [I acknowledge that I have received, read and understand the following Consumer Protection Disclosure]. [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit of other obligation of the bank or its affiliates; and is not issued, guaranteed, or underwritten by the bank, its affiliates or the FDIC.] [By accepting this offer, you are granting permission to Wells Fargo to share your information [with Monumetal Life Insurance Company] only as needed to process your enrollment and bill you.]
12	Signature of [the] [Insured] [Accountholder] [Member] [Customer] [Cardholder] [Mortgagor [Co-Mortgagor]]
13	This section will be customized for marketing to indicate to the enrollee the exact steps needed to activate the coverage. It may or may not be included in all marketing efforts.

How to Activate Coverage – all should be variable and totally flexible |
| 14 | [Please] [do] [not] [send] money.] [Complete] [the other side of this form], [sign and mail] [this form] in the [postage-paid] envelope provided. [Mail to the] [Plan Administrator] [in the[postage paid] [free] [enclosed] [envelope] [provided] [included] |
| 15 | Some sections may be bold for specific accounts. Ratings will be updated when changed. The Acceptance Guaranteed section and/or the Satisfaction Guaranteed section may or may not be included.

[Automatic] [Acceptance] [is] [Guaranteed] – [100%] [Satisfaction] [Guaranteed] – Underwriter: Monumental Life Insurance Company [is currently rated ["A+" (Superior)] for financial strength and operating performance by the A.M. Best Company] [and] [["AA+" (Very Strong)] for claims paying ability by Standard & Poor's Insurance Rating Services.] [The A.M. Best rating is the [second highest] out of [13] given] [and] [the Standard and Poor's rating is [second highest] out of [17] given.] [Both] rating[s] [were][was] given in [2000]. |
| 16 | FDIC language will be one of the following based upon policyholder requirements.

Certain state insurance departments require Monumental Life Insurance Company to advise you of the following statements:

[This insurance product is not a deposit; not FDIC insured; not insured by any federal government agency; and is not guaranteed by the financial institution/affiliate.]

[The insurance product is: not FDIC or other government agency insured; not a deposit in, obligation of, guaranteed or underwritten by any bank or bank affiliate; not a condition of any banking service.]

[Insurance products are not insured by the FDIC or any other federal government agency, the bank or any other affiliate of the bank; and are not a deposit or other obligation of, or guaranteed by, the bank or any affiliate of the bank.] |

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	FDIC for all states expect GA: [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit or other obligation of the bank or its affiliates; and is not issued, guaranteed, or underwritten by the bank, its affiliates or the FDIC.] FDIC statement for GA: [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit or other obligation of the bank or its affiliates; is not guaranteed or underwritten by the bank or its affiliates; and is not a condition to the provision or term of any banking service or activity.]
17	[Mail to the] [Plan Administrator] [in the [postage paid] [free] [enclosed] [envelope] [provided] [included] [Plan Administrator] [P.O. Box] [16] [17] [Minneapolis, MN XXXXX]
18	Authorization language will follow the benefit specifications of the plan(s) available to eligible applicants pursuant to the plans selected by the group policyholder.
19	This section will be included to allow the customer to tailor the plan based on their individual preferences. The customer can choose from a bundle of optional riders that will be made available under each lifestyle stage. [Select one of the additional benefits below:] [Just Starting Out] [I have a Family] [I want to live Care-Free] [Option 1] [Option 2] [Option 3] [Plan A] [Plan B] [Plan C]

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